



8th Annual Walk for Wellness (WFW) to Benefit the RMC Research & Education Foundation at NRMCA's ConcreteWorks – Saturday, October 5, 2019 – Kissimmee, FL



Sponsorship Opportunities

<p>Wellness Chair Massage – \$1,000 ONLY ONE (1) AVAILABLE ON A FIRST COME, FIRST SERVED BASIS Participants/Donors can receive a free, 20-minute chair massage. Sponsor logo will appear on tag on therapist's shirt & on sign by chair.</p>
<p>Tee-Shirt – \$1,000 ONLY TWO (2) AVAILABLE ON A FIRST COME, FIRST SERVED BASIS Foundation logo on front of tee with WFW logo and sponsors logo on back of tee distributed to all WFW participants.</p>
<p>Water Bottle Sponsorship – \$750 ONLY ONE (1) AVAILABLE ON A FIRST COME, FIRST SERVED BASIS Sponsor logo will appear on one side of the collapsible water bottle with the Foundation's logo appearing on the other side.</p>
<p>General Sponsorship – \$250 – Unlimited Sponsorships Available</p>
<p>All sponsors will be recognized in Walk materials including on the WFW registration website, in materials at the 2019 NRMCA ConcreteWorks and at the event Saturday morning. One half of the sponsorship fee at each level is tax deductible as a charitable contribution to the RMC Research & Education Foundation.</p>

The Federal Tax ID of the RMC Research & Education Foundation is 52-1680963.

Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Sponsorship Desired: Wellness Chair Massage - \$1,000 (only one (1) available on first come, first served basis)
 Tee-Shirt (only two (2) available on first come, first served basis) – \$1,000 each Water Bottle – \$750 (only one (1) available on first come, first served basis)
 General Sponsorship - \$250 (unlimited number available)

Payment: Send me an invoice Payment Enclosed (Please make checks payable to RMC Research & Education Foundation)

VISA/MC/AmEx/Disc No.: _____ Security Code: _____

Exp. Date: _____ Amount to be Charged: \$ _____ Authorized Signature: _____

For tax deduction purposes, is credit card Personal/Corporate (circle one) Personal Corporate If personal, will you be reimbursed? _____

Billing Address (if different from above): _____